



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111749	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 504 SE Blue Parkway, Lee's Summit, Mo		TIME OF INSPECTION 11:27 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LABORATORIES INC LOT # 23180 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2206 SIM. NIST EXP DATE 11/27/2024
- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .099	TEST 2 ➡ .098	TEST 3 ➡ .098
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	1	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Benjamin Owens
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit # 230048/ Expiration Date 03/27/2025	TELEPHONE NUMBER (816) 622-0800

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00893

Temp Date Time 210L <sup>s/</sup>

Air Blank: 06/02/24 11:27 .000  
Calibration Check: 25 06/02/24 11:27 .099

Subject Name

Test #1

Subject I.D.

Cpl B Owens 1423

Operator Name, I.D.

Permit 230048

Location

504 SE Blue Parkway

Lees Summit Mo

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00894

Temp Date Time 210L <sup>s/</sup>

Air Blank: 06/02/24 11:28 .000  
Calibration Check: 25 06/02/24 11:28 .098

Subject Name

Test #2

Subject I.D.

Cpl B Owens 1423

Operator Name, I.D.

Permit 230048

Location

504 SE Blue Parkway

Lees Summit Mo

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00895

Temp Date Time 210L <sup>s/</sup>

Air Blank: 06/02/24 11:29 .000  
Calibration Check: 26 06/02/24 11:29 .098

Subject Name

Test #3

Subject I.D.

Cpl B Owens 1423

Operator Name, I.D.

Permit 230048

Location

504 SE Blue Parkway

Lees Summit Mo

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00896

Temp Date Time 210L <sup>s/</sup>

VOID: RFI  
12 06/02/24 11:33

Subject Name

RFI

Subject I.D.

Cpl B Owens 1423

Operator Name, I.D.

Permit 230048

Location

504 SE Blue Parkway

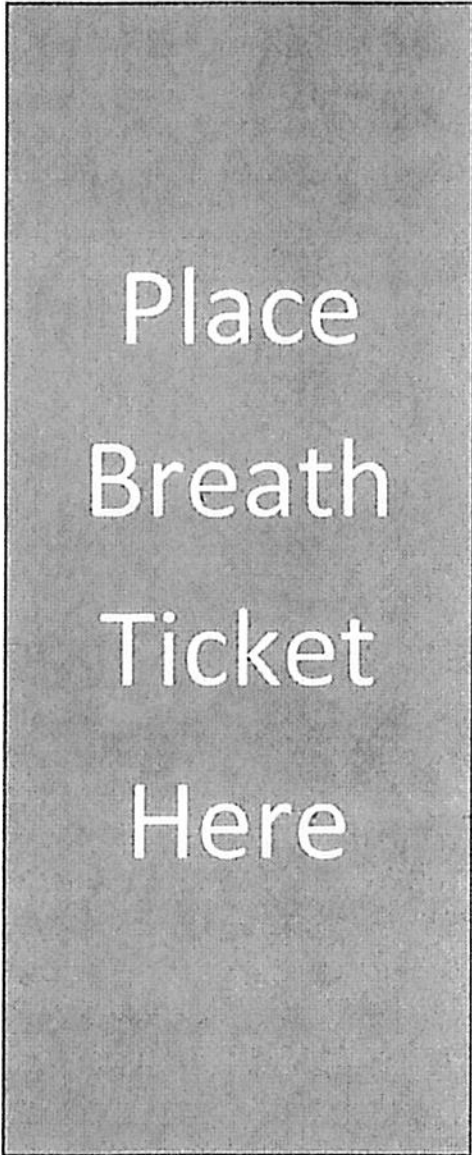
Lees Summit Mo

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

Case Number: \_\_\_\_\_

SUBJECT'S NAME		DATE OF TEST	
<b>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</b>			
ALCO-SENSOR SERIAL NO. 111749		LOCATION OF INSTRUMENT	
TIME OBSERVATION PERIOD STARTED		TIME OF TEST	
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by <u>Cpl. B. Owens</u> . No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 10. Press red button to eject mouthpiece. <input type="checkbox"/> 11. Attach printout to this report.			
CERTIFICATION BY OPERATOR			BAC
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument.			
NAME OF OPERATOR Cpl. B. Owens		PERMIT NO. 230048	EXPIRATION DATE 03/27/2025
NAME OF OBSERVER Cpl. B. Owens		OBSERVER PERMIT NO. 230048	EXPIRATION DATE 03/27/2025
WITNESS (IF ANY)		DATE	





## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN11172002 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT  
TYPE II**

**BENJAMIN A. OWENS**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/27/2023

NUMBER 230048

EXPIRES 3/27/2025

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 545-3771 (6-16)

LAD-4 (11-10)

 STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator OWENS, BENJAMIN  
Permit No 230048  
Date Issued 3/27/2023 Date Expires 3/27/2025

